

2062

Incorrect certificates will be returned for correction.

PLACE OF DEATH			Arizona Territorial Board of Health	
BUREAU OF VITAL STATISTICS			ORIGINAL CERTIFICATE OF DEATH	
COUNTY	<u>Pinal</u>		TERRITORIAL INDEX NO. 416	
DISTRICT	<u>No 9</u>		COUNTY REGISTERED NO. _____	
TOWN	<u>Kevin</u>		ST. LOCAL REGISTRAR'S NO. _____	
OR CITY	<u>Kevin</u>	NO. _____	(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
FULL NAME <u>Leo Goldman</u>				
PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR or RACE	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH	
<u>Male</u>	<u>White</u>	<u>Single</u>	<u>October 22</u> 191 <u>1</u>	
DATE OF BIRTH			I hereby certify, that I attended deceased from <u>Oct. 19</u> 191 <u>1</u> to <u>Oct 22</u> 191 <u>1</u> ; that I last saw him alive on <u>Oct 22</u> 191 <u>1</u> and that death occurred on the date stated above at <u>8 P M</u> . The DISEASE or INJURY causing Death was as follows:	
AGE	If less than 1 day, _____		<u>Diphtheria</u>	
<u>4</u> yrs. <u>10</u> mos. <u>4</u> days	hrs., or _____ min.		<u>9 days</u> (Duration) yrs. _____ mos. _____ days	
OCCUPATION	<u>Chickhead</u>		Was disease contracted in Arizona? <u>Yes</u>	
(a) Trade, profession or particular kind of work			If not, where? _____	
(b) General nature of industry, business, or establishment in which employed (or employer)			CONTRIBUTORY _____	
BIRTHPLACE (State or country)	<u>Jefferson City Mo.</u>		(Duration) _____ yrs. _____ mos. _____ days	
NAME OF FATHER	<u>Leo Goldman</u>		(Signed) <u>Ira E Brown</u> M. D.	
BIRTHPLACE OF FATHER (State or country)	<u>Jefferson City Mo.</u>		<u>Oct 23</u> , 191 <u>1</u> (Address) <u>Kevin Ariz</u>	
MAIDEN NAME OF MOTHER	<u>Kellie Gibson</u>		*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
BIRTHPLACE OF MOTHER (State or country)	<u>Wesley Texas</u>		LENGTH OF RESIDENCE <u>a few wks</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
(Informant)	<u>Leo Goldman</u>		Former or Usual Residence <u>St Louis Mo</u>	
(Address)	<u>Kevin Ariz</u>		Filed <u>Oct. 23</u> 191 <u>1</u> <u>Ira E Brown</u> Local Registrar	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		Filed <u>11/10</u> 191 <u>1</u> <u>J. M. Brown</u> County Registrar	
<u>Kevin Ariz</u>	<u>Oct. 23 1911</u>			
UNDERTAKER	ADDRESS			
<u>Wyle Wardlaw</u>	<u>Ray Ariz</u>			